

# BETH EL

*The Beaches Synagogue*

288 North Roscoe Blvd, Ponte Vedra Beach, FL  
32082

## BETH EL SISTERHOOD

*Join us as we*

*Serve our synagogue, Support our community & Enrich our lives*

### APPLICATION / SURVEY INFORMATION

Name: \_\_\_\_\_

Birthday: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### MEMBERSHIP LEVEL (PLEASE SELECT ONE)

Leah (\$40)

Rachel (\$54) receive a \$10 gift  
certificate for the Judaica shop

Sarah (\$72) receive a \$15 gift  
certificate for the Judaica shop

Miriam (\$108) receive a \$20 gift certificate for the Judaica shop

Other contribution amount \$ \_\_\_\_\_

### INTERESTS – WHAT ARE YOU INTERESTED IN HELPING WITH?

\_\_\_ Sisterhood Shabbat

\_\_\_ Girls' Night Out

\_\_\_ Game Day

\_\_\_ High Holiday Silver Polishing

\_\_\_ Other Suggested Event(s) \_\_\_\_\_

\_\_\_ Miriam's Seder

\_\_\_ Tu B'Shevat Seder

\_\_\_ Hanukkah Party

\_\_\_ First Responders Recognition

**I currently \_\_\_ am \_\_\_ am not a member of Beth El – The Beaches Synagogue.  
If not, would you like information regarding Synagogue membership?**

**Yes \_\_\_ No \_\_\_**

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application and your membership fee in the form of a check made  
payable to:

**Beth El Sisterhood**

mail to:

**Beth El Synagogue, 288 N. Roscoe Blvd.  
Ponte Vedra Beach, FL 32082**